

Used to document any event or patient requiring an Incident Report.  
Must be filed within 72 hours of the event.



**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

**APPLICATION TYPE:** NEW RENEWAL

**SERVICE TYPE:** Wheelchair Transport ALS Interfacility ALS Non-Transport Stretcher Transport ALS Helicopter ALS Transport

**TYPE OF ENTITY:** Sole Proprietor Partnership Non-Profit Corporation Corporation

ORGANIZATION NAME: <b>Wheelchair / Stretcherlimo</b>		HOURS OF OPERATION: 24-HOUR _____ <b>(A.M.) to 6:00 A.M. / (P.M.) 6:00</b>	
ADDRESS 1: <b>6020 MASSACHUSETTS Ave</b>		PHONE: <b>727-845-4454</b>	
ADDRESS 2:		FAX: <b>727-264-7942</b>	
CITY, STATE, ZIP CODE: <b>New Port Richey FL 34653</b>			
OFFICER/DIRECTOR NAME & TITLE: <b>Stevens, Ronda President</b>		PHONE NUMBER & E-MAIL: <b>727-415-8210 stevensronda@gmail.com</b>	
VICE OFFICER/DIRECTOR NAME & TITLE: <b>Stevens, Jason Manager</b>		PHONE NUMBER & E-MAIL: <b>727-967-8286 Stretcherlimo.Inc@gmail.com</b>	
BUSINESS HOURS POINT-OF-CONTACT: <b>Stevens, Jason</b>		PHONE NUMBER & E-MAIL: <b>727-845-4454 Stretcherlimo.Inc@gmail.com</b>	
AFTER HOURS POINT-OF-CONTACT: <b>Stevens, Jason</b>		PHONE NUMBER & E-MAIL: <b>727-967-8286 jstevens@verizon.net</b>	
<b>REQUIRED ATTACHMENTS:</b> Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications per County Driver Certification Requirements.			
I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.			
SIGNATURE OF APPLICANT: 		DATE: <b>3/8/2022</b>	

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ by \_\_\_\_\_, who is/are personally known to me or has/have produced \_\_\_\_\_ as identification.

(SEAL)  
\_\_\_\_\_

*Please See Florida Short Form  
Individual Acknowledgment*

(Name of Notary typed, printed or Form stamped)

Form A. Rev. 02/06/2017



## WHEELCHAIR/STRETCHER SERVICE RECORD KEEPING VERIFICATION FORM

### Pinellas County Rules and Regulations, as Amended

Name of Service: \_\_\_\_\_

Date: \_\_\_\_\_

#### **Section Inspection Items Initials**

8.1 Record all telephone lines when used for requests for transport, including cell phones.\*

\*Initial here if standard business practice is to receive requests via fax and/or e-mail and written records are maintained of such contacts in accordance with written records criteria.

8.1 Written record contains:

- Date Call Received
- Time Call Received
- Pick-up & Destination Address
- Arrival Time at Destination
- Client's Name
- Person Ordering Transport
- Telephone Number of Caller (\*if applicable)

8.1 Audio dispatch records shall be kept for a minimum of six (6) months.

8.1 Written or electronic dispatch shall be kept for a minimum of three (3) years.

**FLORIDA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT**  
FS 117.05(13) — Effective January 1, 2020

State of Florida }  
County of Pasco }

The foregoing instrument was acknowledged before me by means of

Physical Presence,

— OR —

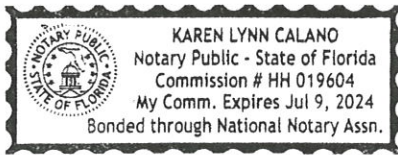
Online Notarization,

this 8<sup>th</sup> day of March, 2022, by  
Date Month Year

Ronda Stevens  
Name of Person Acknowledging

Karen Calano  
Signature of Notary Public — State of Florida

Karen Calano  
Name of Notary Typed, Printed or Stamped



Place Notary Seal Stamp Above

Personally known

Produced Identification

Type of Identification Produced: Driver  
License

**OPTIONAL**

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Pinellas County / Application for Certificate of Public convenience and necessity  
Document Date: 3. 8. 2022 Number of Pages: 3 - total  
Signer(s) Other Than Named Above: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/08/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Cable Underwriters 221 West Oakland Park Boulevard Ft. Lauderdale FL 33311	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____	
	<b>INSURER(S) AFFORDING COVERAGE</b> _____ <b>NAIC #</b> _____ <b>INSURER A:</b> CABLE INSURANCE COMPANY 16572 <b>INSURER B:</b> _____ <b>INSURER C:</b> _____ <b>INSURER D:</b> _____ <b>INSURER E:</b> _____ <b>INSURER F:</b> _____	
<b>INSURED</b> GATOR FREIGHTER SERVICES LLC 8046 CAMERON CAY CT. New Port Richey FL 34653		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____ \$ _____	
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SYM 70 <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CICFL000056-01	06/04/2021	06/04/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ \$ _____	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ _____ RETENTION \$ _____						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

NATURE OF INTEREST: CERTIFICATE HOLDER

**CERTIFICATE HOLDER****CANCELLATION**

PINELLAS COUNTY, A POLITICAL SUBDIVISION OF THE STA 400 S FORTH HARRISON AVE. Clearwater FL 33756	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**WHEELCHAIR/STRETCHER SERVICE  
RECORD KEEPING VERIFICATION FORM**

**Pinellas County Rules and Regulations, as Amended**

Name of Service: Wheelchair / Stretcher Limo

Date: MARCH 8, 2022

Section	Inspection Items	Initials
8.1	Record all telephone lines when used for requests for transport, including cell phones.*  *Initial here if standard business practice is to receive requests via fax and/or e-mail and written records are maintained of such contacts in accordance with written records criteria.	<u>JS</u>
8.1	Written record contains: <ul style="list-style-type: none"> <li>• Date Call Received</li> <li>• Time Call Received</li> <li>• Pick-up &amp; Destination Address</li> <li>• Arrival Time at Destination</li> <li>• Client's Name</li> <li>• Person Ordering Transport</li> <li>• Telephone Number of Caller (*if applicable)</li> </ul>	<u>JS</u> <u>JS</u> <u>JS</u> <u>JS</u> <u>JS</u> <u>JS</u>
8.1	Audio dispatch records shall be kept for a minimum of six (6) months.	<u>JS</u>
8.1	Written or electronic dispatch shall be kept for a minimum of three (3) years.	<u>JS</u>
8.1	Dispatch audio & written/electronic records shall be available for inspection.	<u>JS</u>



**WHEELCHAIR VEHICLE ROSTER**  
**Pinellas County Rules and Regulations, as Amended**

Name of Service: Wheelchair/Stretcher Limo Page: 1 of 1

Provide Unit, Tag and VIN numbers for all vehicles. If more lines are needed, it is acceptable to copy this form. A Company Roster may be attached, as long as all required information is included. Contact EMS & Fire Administration for a Vehicle Inspection appointment.

Unit Number	Florida Vehicle Tag Number	Vehicle Identification Number (VIN)	Client compartment observation mirror	Passenger floor properly maintained	Fire extinguisher 2A:10B:C	Operable interior lights	Free of dent/rust that interferes with safe operation	Equipment in patient compartment safely secured	Doors, latches, and handles working properly	Patient lift platform working properly	Positive means of securing/locking wheelchair/stretcher	Properly designed passenger safety belts and/or straps	Radio/tablet/cell phone for communication with base station	Exterior lights – high, low, turns, brake, tails, backup	Interior clean, sanitary and in good working order
1. 40	ALSS33	1FTNS1EW4EDA59409	X	X	X	X	X	X	X	X	X	X	X	X	X
2. 43	CRMR36	1ETNE1EW1EDA97512	X	X	X	X	X	X	X	X	X	X	X	X	X
3. 44	EFWQ87	1FMKICM3FKA55489	X	X	X	X	X	X	X	X	X	X	X	X	X
4. 46	EPAA47	1FMZK1CM5FKB23291	X	X	X	X	X	X	X	X	X	X	X	X	X
5. 47	LNZG22	1FTYE1CM6GKA69041	X	X	X	X	X	X	X	X	X	X	X	X	X
6. 48	EFWQ89	1FTYE2CM3HKA19494	X	X	X	X	X	X	X	X	X	X	X	X	X
7. 49	DGVB16	1FTYE2CMXJKB43168	X	X	X	X	X	X	X	X	X	X	X	X	X
8. 50	LNCG21	1FTYE2CM7JKB43175	X	X	X	X	X	X	X	X	X	X	X	X	X
9.															
10.															
11.															
12.															



**STRETCHER VAN ROSTER**  
**Pinellas County Rules and Regulations, as Amended**

Name of Service: Wheelchair / Stretcher Limo Page: 1 of 1

**\*Such vehicles may not be equipped, marked or operated as an Ambulance\***

Provide Unit, Tag and VIN numbers for all vehicles. If more lines are needed, it is acceptable to copy this form. A Company Roster may be attached, as long as all required information is included. Contact EMS & Fire Administration for a Vehicle Inspection appointment.

Unit Number	Florida Vehicle Tag Number	Vehicle Identification Number (VIN)	Client compartment observation mirror	Passenger floor properly maintained	Fire extinguisher 2A:10B:C	Operable interior lights	Free of dent/rust that interferes with safe operation	Equipment in patient compartment safely secured	Doors, latches, and handles working properly	Patient lift platform working properly	Positive means of securing/locking wheelchair/stretcher	Properly designed passenger safety belts and/or straps	Radio/tablet/cell phone for communication with base station	Exterior lights – high, low, turns, brake, tails, backup	Interior clean, sanitary and in good working order
1. 40	CYXM05	1FTNS1EW4EDA59409	X	X	X	X	X	X	X	X	X	X	X	X	X
2. 48	EFWQ89	1FTYE2CM3HKA19494	X	X	X	X	X	X	X	X	X	X	X	X	X
3. 49	DGBV16	1FTYE2CMXJKB43168	X	X	X	X	X	X	X	X	X	X	X	X	X
4.															
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10.															
11.															
12.															

EMS INSPECTOR: John Murphy Date: 4/1/2022



**WHEELCHAIR / STRETCHER DRIVER ROSTER**  
Pinellas County Rules and Regulations, as Amended

Name of Service: Wheelchair / stretcher/limo Page: 1 of 1

Attach a copy of the Class E Driver's License for each listed Driver. If more lines are needed, it is acceptable to copy this form. A Company Roster may be attached, as long as all required information is included.

	Name (Last, First) Also list "nick-name" if applicable	Class E Driver's License Number	Expiration Date	Date of Birth	Assigned EMS ID #
1.	Pate, JoziP	P300-421-72-467-0	12/27/2024	12/27/1972	
2.	Ruisi, Alfred	R200-006-72-103-0	03/23/2027	03/23/1972	
3.	Quimby, Joseph	Q510-493-65-270-0	07/30/2022	07/30/1965	
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